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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875  |  |   |  |   |              |  |   | Application or Docket Number<br>10/564,226 |                        |    | ing Date<br>31/2006   | To be Mailed           |
|--|--|---|--|---|--------------|--|---|--|------------------------|----|-----------------------|------------------------|
| APPLICATION AS FILED - PART I OTHER THAN  (Column 1) (Column 2) SMALL ENTITY □ OR SMALL ENTITY   |  |   |  |   |              |  |   |  |                        |    |                       |                        |
| Н  | FOR  | NU  | NUMBER FILED   |   | NUMBER EXTRA |  |   | RATE (\$)                                  | FEE (\$)               |    | RATE (\$)             | FEE (\$)               |
|  | BASIC FEE<br>(37 CFR 1.16(a), (b),   | or (c))                                   | N/A  |   | N/A          |  |   | N/A  |                        | 1  | N/A                   |                        |
|  | SEARCH FEE<br>(37 CFR 1.16(k), (i),  | or (m))                                   | N/A  |   | N/A          |  |   | N/A  |                        |    | N/A                   |                        |
|  | EXAMINATION FE<br>(37 CFR 1.16(o), (p),                                    |   | N/A  |   | N/A          |  |   | N/A  |                        |    | N/A                   |                        |
|  | FAL CLAIMS<br>CFR 1.16(i))   |   | minus 20 =   |   |              |  |   | x \$ =                                     |                        | OR | x s =                 |                        |
| IND<br>(37   | EPENDENT CLAIM<br>CFR 1.16(h))   | s   | m  | minus 3 = *                                 |              |  |   | x \$ =                                     |                        | 1  | x s =                 |                        |
|  | APPLICATION SIZE<br>(37 CFR 1.16(s))                                       | FEE sheet<br>is \$25<br>additi            | If the specification and drawi<br>sheets of paper, the applicati<br>is \$250 (\$125 for small entity<br>additional 50 sheets or fraction<br>35 U.S.C. 41(a)(1)(G) and 37 |   |              | n size fee due<br>for each<br>i thereof. See |   |  |                        |    |                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))  |  |   |  |   |              |  |   |  |                        |    |                       |                        |
| * If   | the difference in col  | umn 1 is less than                        | r "0" in col   |   | TOTAL        |  | ] | TOTAL                                      |                        |    |                       |                        |
| APPLICATION AS AMENDED - PART II  OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY   |  |   |  |   |              |  |   |  |                        |    |                       |                        |
| AMENDMENT  | 09/17/2008   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |              | PRESENT<br>EXTRA                             |   | RATE (\$)                                  | ADDITIONAL<br>FEE (\$) |    | RATE (\$)             | ADDITIONAL<br>FEE (\$) |
|  | Total (37 CFR<br>1.16(i))  | * 5                                       | Minus  | ** 20                                       |              | = 0  |   | x \$ =                                     |                        | OR | X \$50=               | 0                      |
|  | Independent<br>(37 CFR 1.16(h))  | • 2                                       | Minus  | 3   |              | = 0  |   | x \$ =                                     |                        | OR | X \$210=              | 0                      |
|  | Application Size Fee (37 CFR 1.16(s))                                      |   |  |   |              |  |   |  |                        |    |                       |                        |
| _  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))            |   |  |   |              |  |   |  |                        | OR |                       |                        |
|  |  |   |  |   |              |  |   | TOTAL<br>ADD'L<br>FEE                      |                        | OR | TOTAL<br>ADD'L<br>FEE | 0                      |
| (Column 1) (Column 2) (Column 3)   |  |   |  |   |              |  |   |  |                        |    |                       |                        |
| AMENDMENT  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUMI<br>PREVIO<br>PAID              | BER<br>DUSLY | PRESENT<br>EXTRA                             |   | RATE (\$)                                  | ADDITIONAL<br>FEE (\$) |    | RATE (\$)             | ADDITIONAL<br>FEE (\$) |
|  | Total (37 CFR<br>1,16())   |   | Minus  | **  |              | =  |   | x \$ =                                     |                        | OR | x s =                 |                        |
|  | Independent<br>(37 CFR 1,16(h))  |   | Minus  | **  |              |  |   | x \$ =                                     |                        | OR | x s =                 |                        |
|  | Application Size Fee (37 CFR 1.16(s))                                      |   |  |   |              |  |   |  |                        | ]  |                       |                        |
| ΑM   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))            |   |  |   |              |  |   |  |                        | OR |                       |                        |
|  | If (it is not a local and it is local than the note in advance 0 with 100° |   |  |   |              |  |   |  |                        | OR | TOTAL<br>ADD'L<br>FEE |                        |
| If the entry in column 1 is less than the entry in column 2, write 0" in column 3. Legal Instrument Examiner:  "If the "Highest Number Provolusy Paid For IN THIS SPACE is less than 3, enter "20".  "If the "Highest Number Provolusy Paid For IN THIS SPACE is less than 3, enter "3".  The "Highest Number Provolusy Paid For IN THIS SPACE is less than 3, enter "3".  The "Highest Number Provolusy Paid For IN THIS SPACE is less than 3, enter "3". |  |   |  |   |              |  |   |  |                        |    |                       |                        |

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost figured by the USFTO to monoceal an implication. Confidentially is governed by 80 Sec. 22 and 37 CEF 1.15. This collection is extensive the size of a window properties, another public and advantage the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations for motioning this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.